

Near-Fatal Adolescent Suicide Attempt: A Phenomenological Study

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Abstract— The increase in the cases of suicidal ideation among adolescents ages 15-19 years old is appalling. Factors associated with suicidal ideation among young people are depression, loneliness, sadness, and anxiety. This research looked into the lived experiences of school teenagers manifesting suicide tendencies. The study used a qualitative approach using phenomenological design and used Moustaka's transcendental phenomenology in analyzing and interpreting the data transcribed. The research was carried out in Tangub City, Misamis Occidental, at selected secondary schools. To gather pertinent data and information, a researcher-made interview guide was used. There were six central themes developed in the study, namely: 1) suicide as a way to end emotional pain, 2) ending one's life, 3) inflicting pain to oneself to free emotional suffering, 4) second thoughts, 5) longing for someone to talk to, and 6) hoping for a change. The themes may imply that adolescents are careless in their decisions of thinking that to end life is a means to stop suffering. It is recommended that schools particularly the guidance office develop online activities to reach and help out students who manifest depression and suicidal ideation. It is also recommended for school to develop a help-seeking program using e-technology for adolescents with mental health problems.

Keywords— adolescent, suicide, near-fatal, transcendental phenomenology, lived experience.

INTRODUCTION

Suicide refers to the act of a person intentionally causing their death (Amare, Meseret Woldeyhanes, Haile, & Yeneabat, 2018; di Giacomo, Krausz, Colmegna, Aspesi, Clerici, 2018; Mars et al., 2018)). It is death from shooting oneself with a gun, hanging oneself using a rope, poisoning, or suffocating. Suicide ideation is a passive thought on wanting to be dead or active thoughts about killing oneself not accompanied by preparatory behavior (Franklin et al., 2017). Suicide does not have a single reason. It is a complicated public health issue with worldwide implications (WHO, 2019). The conditions such as depression, anxiety, and substance problems, mainly when unaddressed, increase the risk for suicide (Poreddi, Thimmaiah, & BadaMath, 2017; Vioules, Moulahi, Azé, & Bringay, 2018). Adolescents are defined as those aged 10 to 19 years old, according to the World Health Organization. One of the most rapid points of human growth is adolescence. It is a difficult time in life, with significant changes in both the body and the mind (Colich, Williams, Ho, King, Humphreys, Price, Ordaz, & Gotlib, 2017; WHO, 2020). Individuals and the environment influence the changes taking place during adolescence (Bölting, & von Engelhardt, 2017)

Suicide ideation, which refers to thoughts of engaging in potentially self-injurious behavior with the intent to die; suicide plan, which refers to the formulation of a specific method by which one intends to die; and suicide attempt, which refers to engaging in potentially self-injurious

behavior with the intent to die (Sharma, Lee, & Nam, 2017). Risk factors are characteristics or conditions that increase the chance that a person may try to take their life. Numerous factors can contribute to suicide, and that ultimately each suicide is caused by a highly unique, dynamic, and complex interplay of genetic, biological, psychological, and social factors (Brodsky, Spruch-Feiner, & Stanley, 2018; Cha, Franz, Guzmán, Glenn, Kleiman, & Nock, 2017).

According to a WHO report, India has the highest suicide rate globally for those aged 15 to 29. In this age range, the suicide rate in 2012 was 35.5 per 100,000, with around 15,000 suicides in the previous five years. According to the National Crime Bureau of India, the rate of suicide in Assam in 2010 was 8.7 per lakh, and it was 10.5 in 2012. However, the stigma linked with suicide goes undetected in most instances (Rein et al., 2018). Matney et al. (2018) studied the risk factors for suicide in three South Delhi schools and colleges, discovering that 15.8 percent had considered suicide and 28 (5.1 percent) had tried suicide, with females being more likely to try suicide than men (Jobes, Gregorian, & Colborn, 2018).

Clements-Nolle et al. (2020) reported that students committed suicide in 2016 – almost 26 every day. According to research, the number of student suicides in the country has grown by 52%, from 17 per day (6248) in 2007 to 26 per day in 2016. Between 2007 and 2016, over 75,000 students committed suicide in India (Choi,

Lee, Yoon, Won, & Kim, 2017). Suicidal distress can be caused by environmental, psychological, or social reasons. Suicide is most commonly caused by mental diseases (Miron, Yu, Wilf-Miron, & Kohane, 2019).

Suicide risk factors differ according to age, gender, and ethnic background (Huang, Ribeiro, Musacchio, Franklin, 2017). Suicide is a complex subject (Valdez-Santiago et al., 2018). Before prevention, suicidal risk factors should be recognized (Steele, Thrower, Noroian, & Saleh, 2017; Uchida & Uchida, 2017). Suicide prevention measures need coordination and collaboration across numerous sectors of society, including education, justice, law, defense, politics, and the media (Decker, Wilcox, Holliday, Webster, 2018; Kim, Lee, & Choi, 2019). These efforts must be comprehensive and interconnected since no one strategy can affect a complex issue like suicide. Raising community awareness and breaking down taboos are essential efforts that governments may take to prevent suicide (Bernert, Hom, Iwata, & Joiner, 2017; WHO, 2018).

Objectives of the Study

This study explored the lived experiences of adolescents who attempted near-fatal adolescent suicide attempt.

METHODS

Research Design

The qualitative technique was utilized in this study to investigate the lived experiences of adolescent students who attempted suicide. Moustakas' transcendental phenomenological design was used. The phenomenological approach focuses on the meaning of experiences central to this approach (Creswell, 2016). Transcendental phenomenology helps the researcher understand what an experience means for the persons who have had the experience and provides a comprehensive description (Moustakas, 1994).

From the individual descriptions, general or universal meanings are derived; in other words, the essence of the experience structures. The cornerstone of transcendental phenomenology of science is meaning. Moustakas embraces the standard features of human science research, which focuses on the wholeness of experiences that can be used to search for essences of the challenges encountered by adolescents who attempted suicide. The intuitive process includes setting aside prejudgments as much as possible and using a systematic procedure for analyzing the data.

This original process allowed the researcher to see the experiences of adolescent students who have attempted

suicide. Transcendental phenomenology was a functional design for acquiring and collecting data that explicate human experience (Moustakas, 1994). It allowed the researchers to develop an objective essence by aggregating some individuals (Moustakas, 1994). The two questions, "how" and "what" were experienced, provide a framework for asking questions, and recording answers (Moustakas, 1994).

Research Setting

The researcher conducted the study to selected public secondary schools in Tangub City Division, Misamis Occidental Sumirap National High School, Banglay National High School, Bongabong National High School, Sta. Maria National High School, Tangub City National High School, Lorenzo Tan National High School, Mayor Alfonso Tan High School, Caniangan National High School, Silangit National High School and Simasay National High School.

Misamis Occidental is a province in the Philippines' Northern Mindanao area. The city of Oroquieta serves as its capital. The province is divided from Lanao del Norte by Panguil Bay to the south and Iligan Bay to the east, and it borders Zamboanga del Norte and Zamboanga del Sur to the west. Misamis was formerly populated by Subanens, who were an easy prey for Lanao's sea pirates. In the 2015 census, the population of Misamis Occidental was 602,126 people, with a population density of 290 residents per square kilometer or 750 residents per square mile. The dense population along the seashore is primarily made up of ethnic Cebuanos. As a result, Cebuano is the province's lingua franca. The majority of the indigenous Subanens dwell in the inner uplands.

Tangub City is located at the Southern curve of D-shaped Misamis Occidental Province, part of Mindanao. It is bounded by Mt. Malindang on the North, Ozamiz City on the east, Panguil Bay on the south and of Bonifacio on the west. Tangub City is a 4th class city in the province of Misamis Occidental, Philippines. Based on the 2018 (BHW Data Actual Survey), it has a population of 68,355 people and politically subdivided into 55 barangays.

Participants of the Study

The students' participants are the junior and the senior high student were ten adolescent students chosen through purposive sampling. However, there was data saturation at four students; therefore, the researcher only employed the four participants in the study. The following were the selection criteria: 1) Currently enrolled at Tangub City Division, Misamis Occidental

secondary schools 2) have one or more suicide attempts; 3) with referral from the school guidance counselor and 4) have parental permission to participate in the research.

Research Instrument

The data was gathered using an interview guide created by the researcher. The interview question was validated with two teenagers who had a history of suicidal ideation but they were not included as final participants. The question items were refined based on the responses, eliciting more thorough and insightful comments. The researcher conducted a face-to-face or phone interview to explain topics, ask probing questions, and examine nonverbal interactions.

Data Collection

Prior to the interview, the researcher conforms to four areas of risk management mental health relevant for consideration in dealing with adolescent students with mental health issues (Health Service Executive, 2008). During the face-to-face interview, participants are expected to suffer psychological risks such as sorrow, anxiety, depression, and other forms of emotional pain. Looking back on their experience, participants may still be moved by this study, but it may also help them release their painful feelings from inside. As a result, the presence of a guidance counselor is required.

Adolescent students who have attempted suicide may gain benefits such as selfless intent, keeping their memory alive, assisting them in accepting and tolerating themselves in the future when faced with a similar situation, and having the opportunity to create a meaningful life out of their experiences. Participants are safeguarded, and all data obtained is treated with complete secrecy and respect. The audiotape recording was kept in a locker for safekeeping. The selected nature of sample selection aided the ideals of justice. The participants were handled with the highest respect, equality, and fairness. The knowledge gained from this study will also assist the participants.

Following the selection of the final candidates, planned interviews were held. The discussions were recorded and transcribed digitally. The interview took place over two days and lasted around forty-five minutes to one hour per session. The researcher took notes and recorded the interview on the participants' conduct, and reflected in his diary for future review and transcribing. The presence of the school guidance counselor by listening the process the interview provided important the position of the adolescent students participant in the entire duration of the interview. During the interview

proper, the guidance counselor provide insight into how they approach the task. Each of the participants were informed of the goal of the interview.

Ethical Considerations

The researcher began the interviews by greeting the participants and explaining the purpose of the conversations. The participants were reminded of their right to withdraw at any moment while maintaining anonymity. They were requested to evaluate versions of the study's written report and provide further input to ensure the correctness of the findings. Moreover, during a face-to-face discussion with the participant, the researcher employed a guidance counselor to evaluate students' abilities and interests in interviews. There was an interview process that was followed. As is typical of phenomenological interviews, the questions were open-ended. The participants were invited to disclose the specifics of their encounters with the researcher. Probing questions were asked in order to obtain a full account of the study's experience and to explain the significance of participants' remarks on their experiences during their attempted suicide.

Data Analysis

The data analysis methodology of phenomenological reduction developed by Moustakas (1994) was applied in this investigation. The transcripts of all participants from the interviews were evaluated using Moustakas' methodology. The phases in the phenomenological reduction that serve as a guide in assessing the data acquired are as follows: (1) Bracketing, (2) Horizontalization, (3) Theme Clustering, (4) Textual Description, (5) Structural Description, and (6) Textual-Structural Synthesis Bracketing is a technique I employed to reduce the impacts of preconceived assumptions and impressions held before to the commencement of the investigation. It is a process of suspending judgments and prejudices, often known as the 'epoche.' As a result, from the subject and population selection through interview design, data collecting and interpretation, and presentation of study findings, I achieve a deep level of inquiry.

Horizontalization technically refers to a collection of all verbatim expressions relevant to the investigation. Initially, I examined each statement with equal weight. Then I ignored remarks that I thought irrelevant, repetitious, overlapping, or outside the focus of the research. Horizons are regarded as component and relevant elements of the phenomena since they are the leftover pieces after the data has been refined. "Horizons

are endless," says Moustakas, and "horizontalization is a never-ending process" (Moustakas, 1994).

Clustering is the third stage in deriving research conclusions. It entails distilling experiences into invariant horizons, developing essential themes, and confirming the invariant horizons with numerous data sources. I grouped the statements into themes and verified that each theme is suggested with just one interpretation when reducing them to vistas. This is said to be putting the phenomena into a "textural language." To confirm the study's invariant horizons, I evaluate findings of research studies that employed techniques other than the data-gathering methods utilized in the study, such as observation, field note-taking, focus group interviews, and relevant literature. This validation procedure is critical to the representations' correctness and clarity.

Textural description, sometimes known as 'what happened,' refers to a narrative that details how the experience was seen. In order to obtain a literary account of the participants' experiences, I took verbatim passages from the interview and narrated the meaning units obtained from the themes. Structural description, or 'how it happened,' incorporates innovative diversity, a clever view, and insights into the textural description. An imaginative variation is defined as a mental experiment on studying the subtleties and structures of the participants' experiences by detaching from natural tendency through epoche. To produce a structural description, it is attached to each paragraph of textual descriptions.

During the textural-structural synthesis process, I compiled each participant's meaning units and created a composite of textural and structural descriptions that they all shared. A narrative or synthesis represents all of the players and is written in the third person. The fundamental purpose of this final phase of Moustakas' technique is to extract the essence of the phenomenon's experience.

RESULTS AND DISCUSSION

The study included four students who satisfied the criterion for participant selection. Three Sumirap National High School adolescent students and one Banglay National High School student adolescent participated in this study. The four identified participants were interviewed in order to obtain information about the lived experiences of teenagers who attempted suicide. At the time of the interview, the participants were in their Senior High School years, one was 16 years old, and the other three were 18 years old.

In this study, six central themes emerged regarding the difficulties encountered by a student with depression toward a help-seeking attitude, namely: (1) suicide as a way to end emotional pains, (2) ending one's life, (3) inflicting pain on oneself to free emotional suffering, (4) second thoughts, (5) longing for someone to talk to, and (6) hoping for a change. The themes were derived from the interview transcripts as well as the literature and research analyzed for this investigation.

Suicide as a Way to End Emotional Pains

Emotional pains are one of the driving factors of suicidal ideation to an individual who cannot handle problems and have an unhealthy coping mechanism. Like any other age group, adolescents also encounter problems or stressors in life. Some adolescents stay strong to face all challenges, and some who cannot face these challenges or may not be able to cope with problems they encountered and feel hopeless and deliberately think to end their life (Chang, 2017). This is how participant 1 described her reason for attempting to end her life: "That I am already in so much trouble, and I can no longer bear the pain in my heart so I think of committing suicide." Based on the participant's statement, she can no longer handle their problems; she thought of ending her life to stop her from experiencing emotional pain. This participant experienced hopelessness, which creates a "lot of burden in the participants' lives and has given up, leading to self-harm" (Bilsen, 2018). An adolescent who feels hopeless often leads to low mood and negatively impacts one's ability to perceive oneself. The adolescent period is vulnerable to mental and emotional problems (Cracco, Goossens, & Braet, 2017). The adolescent years are a period of transformation from infancy to adulthood. Teens frequently have a deep urge to be self-sufficient. As a result, they could struggle with the fact that they are already relying on their parents. They could also be overwhelmed by the mental and physical transitions that they are going through. Most teens who attempt suicide say they did so to escape from a situation that seemed impossible to deal with or find relief from extremely negative thoughts or feelings. They didn't want to die as much as they wanted to get away from what was happening. And, at the time, death seemed to be the only way out. Anestis & Capron (2016) persistence through pain and distress may facilitate suicidal ideation.

Escaping from emotional pain is a recognized driver in suicidal patients' desire to die (Dunkley, Borthwick, Bartlett, Dunkley, Palmer, Gleeson, & Kingdon, 2018). Some young people who commit suicide or end their lives may be trying to escape feelings of rejection, hurt, or loss. Others may be angry, embarrassed, or guilty

about something. Some young people may be concerned about upsetting friends or family members, and some feel unwanted, unloved, victimized, or as if they are a burden to others. This is what participants' 3 and 4 experienced:

"I thought of committing suicide because my dad had an extramarital affair and he told me to just stop going to school because he just lost his money on me (in between sobs) then... he said that it seems that I am a useless child. That's why I can't sleep at night... Most of the times I sleep at 1:00 o'clock in the morning... two o'clock and the following day I still have to attend classes (P3)

"When my parents scolded me. I got into trouble, I thought of running away, and I thought of committing suicide" (P4)

Dunkley et al. (2018) assert that numerous factors influence whether emotional pain and communication are responded to, missed, or ignored. Individuals may try more than one way to communicate. Some may fear that being able to speak out results in their emotional pain being taken less seriously. Many people who are depressed can mask their feelings by appearing to be happy. Some people are very good at masking, including masking suicidal thoughts. However, most of the time, a person will warn signs of how desperate they are feeling

Fu, Xue, Zhou, & Yuan (2017) claimed that parental absence and suicide ideation are linked to emotional disorders. Teens who are experiencing long-term parental absence show suicide ideation. The parental absence—father absence, mother absence, and both-parents absence were significantly associated with adverse emotional outcomes. This is experienced by participant 2 that she planned to end her life because of family problem. "Family problem. I just keep my problem, and I have nothing else to do with my problem other than committing suicide just to get over it. When my family didn't talk to me in a month and even more than one month to which I decided and thought of committing suicide"

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Many people who are depressed can mask their feelings by pretending to be happy. Some people are very good at masking their suicidal thoughts. However, most of the time, a person will show warning signs of how desperate they feel. An adolescent student who is experiencing emotional detachment may experience emotional numbness. On the other hand, emotional detachment does not always occur due to a mental health condition or attachment disorder. Students can experience depression in a variety of ways. Some people may feel sad or depressed, while others may feel apathetic and emotionally numb (InformedHealth.org, 2020). However, most of the time, a person shows warning signs of how desperate they are feeling.

According to Ports, Ford, Merrick, and Guinn (2020), children believe they are unloved and unwanted. They may try to please others, or they may misbehave to gain the attention they seek. They are vulnerable to emotional problems for the rest of their lives. The magnitude of the consequences appears to be affected by the degree of neglect and individual vulnerability

Ending One's Life

Adolescent students' attitudes about decision-making to end-of-life shows that they do not have the fears about one's own death and the dying process. Although sign and predictors is seldom noticed to students because they have the tendencies to keep it for themselves, however the qualities that lead to suicide are linked to a higher likelihood of experiencing suicidal thoughts. This student frequently considers suicide and displays warning indications of despair. Parents, teachers, and friends are in a unique position to recognize these warning signs and intervene. Suicidal thoughts and actions are the most powerful predictors of suicide.

Adolescence is a period of turmoil and negativism. They mostly opposed their parental viewpoints and carry on how they see and feel about a situation. During adolescence, biological and psychological changes occur, resulting in stress-causing vulnerability (Michels, 2019). These are the experiences of the participants:

"I tied a rope and hang myself, and no longer write a letter to my parents explaining why I will commit suicide." (P1)

"I plan to jump into our house or hanged myself in a rope" (P2)

"I will hang myself using a rope" (P3)

"I will run in the highway to be hit by a bus or any vehicle as long that I will be dead" (P4)

Suicidal thoughts and actions are the most powerful predictors of suicide. Passive thoughts of wishing to die, recurring thoughts of ending one's life, plans and acts that "rehearse" killing oneself, and suicide attempts are examples of these. According to Center for Disease Control and Prevention data from 2019, 8.9 percent of high school students questioned attempted suicide, while 18.8 percent "seriously pondered" committing suicide.

Suicide occurs when a person chooses to end his or her life. Hanging is one of the ten leading causes of death globally, accounting for more than a million deaths annually. A rope is a commonly used material in cases of hanging. Male (63%) outnumbered females (37%) in committing suicide by hanging. The use as ligature was a rope with guidance, ceiling fan, and tree branches as the point of suspension (Sumon et al., 2020; Hamzah, Hamzah, & Abd Karim, 2018).

Suicide techniques differ according to geographical characteristics, which classify countries as either Western or Asian. In Western nations, people committed suicide by shooting themselves or using firearms (Anestis, Khazem, & Anestis, 2017). Asian nations such as Singapore and Hong Kong prefer falls from great heights, whereas Malaysian and Japanese victims choose to hang to commit suicide (Paul et al., 2021; Lam, Kinney, & Bell, 2017). A depressed mood and feeling of hopelessness correspond closely with the intention of suicide (Martinengo et al., 2019). According to Khan et al., 2020 there are three categories in suicidal behavior, namely: completed suicide, nonfatal suicide attempts, and suicidal ideations. In this study, the researcher only chooses those adolescents who experienced non-fatal suicide attempts. A suicide attempt is a failed suicide, the adolescent's perception of its likelihood of death (Domínguez-García, & Fernández-Berrocal, 2018). There are various ways of suicide attempt like shooting oneself with a gun, poisoning, jumping from a high-risk building, or hanging oneself.

This qualitative study showed that hanging by a rope was common to the three participants. The adoption or contemplation of hanging was motivated by two factors: the anticipated character of death by hanging and accessibility. Those who supported hanging expected a definite, quick, and painless death with minimal memory of dying, and they felt it was a 'clean' procedure that would not harm the body or leave horrible visions for others. Hanging materials were freely accessible, and respondents said it was simple to do without planning or technical understanding. Thus, although not being the first option, hanging was viewed as the 'quickest' and 'easiest' procedure with minimal hurdles to completion and was sometimes used (Hamzah, Hamzah, & Abd Karim, 2018).

Asphyxia is the cause of death by hanging, in which the victim's body is hanged by a rope surrounding and squeezing the neck, obstructing the flow of air into the lungs (Begum et al., 2017). The victim will die due to the victim's physical weight (Deps, Collin, Aborghetti, & Charlier, 2020). Hanging has been noted to be the most preferred method employed since it involves little or no expense, save for the ligature material, and it is also one of the quickest ways to bring death (Begum et al., 2017). A thin rope used as ligature material will produce unconsciousness in 15 seconds, according to Kolar, Lyall, and & Wills, 2017).

The ligature material can be created from anything, including wire, a bedsheet, a scarf, and various other materials. Arya et al. (2019) researched the United Kingdom with 22 people saved from near-suicide attempts. Eight of them had resolved to commit suicide by hanging. Respondents preferred hanging because it was simple to perform and hang themselves without prior planning or knowledge. Aside from that, they believed that hanging would leave their bodies with no horrifying or unpleasant pictures because it did not result in a gory or filthy scene.

Inflicting Pain to Oneself to Free Emotional Suffering

Adolescent students purposely inflict pain to reduce negative emotion, to feel "something" besides numbness or emptiness, to avoid certain social situations and to receive social support. Overcoming self-sabotage, students use alcohol or drugs to help them "forget" about their problems for a little while. Similarly, they who self-injure do so to cope with stressful situations. However, this usually backfires and thus causes more problems that lead to emotional suffering. These were the experiences of the participants:

“(Crying) I like to hurt myself physically than experience emotional pain. I cannot tolerate emotional pain it is too painful” (P2)

“Since I cannot vent my anger on my father, I cannot get away my feelings if I can't hurt myself” (P3)

“Because of my anger, anger at myself. I did so because no one would listen to me, my problems are all mine. I kept crying because they kept scolding me” (4)

Self-inflicting injury is best conceptualized as a severe variant of depression, which should expect self-injurers to report higher levels of internalizing symptoms than depressed, non-self-injuring teens. Self-inflicted injury in adolescence marks a heightened risk for suicide attempts, completed suicide, and adult psychopathology (Ammerman, Berman, & McCloskey, 2018). Although several studies have revealed elevated rates of depression among adolescents whom self-injury, no one has compared adolescent self-injury with adolescent depression on biological, self-, and informant-report markers of vulnerability and risk. Self-harm includes non-suicidal self-injury and suicide ideation, such as suicide attempts or deaths (Sapara et al., 2021). Self-inflicted injury often serves as a maladaptive emotion regulation strategy. Turton, Berry, Danquah & Pratt (2021) indicated a positive association between emotion dysregulation and suicidal ideation and attempts.

Individuals self-harm for many reasons; no single explanation fits all, just as the initial trigger for the behavioral pattern is unique. Often someone may have an accidental injury, and the relief they experience is such that, when distressed, they recall the relief and self-harm (Bunclark & Stone, 2017)

According to (Kubiak & Sakson-Obada, 2016), persons who inflict self-injury have more significant indices of body self maladaptiveness than persons in the control group. Body-self issues were discovered in the research group, including the perception of sensations, interpretation and management of emotions and physical demands, emotional attitude toward body, and sense of body identity. Women who inflicted self-inflicted injuries had a higher pain threshold than women in the control group. In the group of males, the trend was reversed. It was discovered that suicidal and self-harming teens use social networking websites to contact and seek social support from other users (Memon., Sharma, Mohite, & Jain, 2018).

On Second Thoughts

Adolescent student suicide attempters out of desperation have manifested second thoughts, the method to end

student life varies on the present tool this includes rope and jumping over an elevated zone and hit and run, in which there is an opportunity to reconsider one's thoughts. These were the comments of the participants:

“ I am glad because I didn't go that far because when I was supposed to jump, from our house, I suddenly thought of my future. I'm thankful to God that he helped me. He gave me a good mindset that I didn't do as planned (P1).

“I was also seen tying the rope and ready to jump. My family immediately helped me not to continue doing it (P2)

“I'm also thankful to my mother, thankful also that I didn't do it right away That I was able to think that committing suicide is wrong.” (P3)

“I think about it... there was a time when I did it, just thankful because my cousin saw me and he helped me out of it, and he told me not to do it again. He pulled me so that I could not move and jump. As I tied the rope around my neck, I looked up at the sky and wondered if that will be the right thing to do. If I will pursue it, there would no longer a future for me, my desires will be cut, and maybe if I will not die, I might feel the pain of that suicide. I also thought that if I die I would never see my parents again.”(P4)

The second thoughts are when a student suddenly changes his mind about something that is said or decided. A pitiful minority obtains the type of therapy and care required to keep them from attempting suicide again. A prevalent but incorrect perception is that persons who survive a suicide attempt are unlikely to try again. The inverse is true.

The use of thought control strategies specific to suicidal thoughts influenced suicide ideation and suicide risk. They indicated that distraction from suicidal thoughts was negatively correlated with suicide ideation and risk. Saffer, David, Klonsky (2018) emphasized that neurocognitive deficits may hasten progression from suicidal thoughts to behavior.

A widely held but incorrect idea is that persons who survive a suicide attempt are unlikely to attempt again. In reality, the inverse is true. People are most likely to try suicide again between three months to a year of their initial attempt – and this time, they may succeed (Chan, Kirkpatrick, & Brasch, 2017). In the study finding of Saffer, E. David Klonsky (2018) tested their proposition, If neurocognitive abnormalities separate those who have tried suicide (attempts) from those who have contemplated suicide but have never done it

(ideators). The comparability shows that neurocognitive abilities might help explain the transition from suicidal thoughts to suicide attempts. The identified participants who attempted suicide did not pursue their plan as they had second thoughts in ending their lives.

According to Bostwick, Pabbati, Geske, and McKean (2016), suicide attempters frequently have second thoughts, but when a means like a gun works so well, there is no time to reconsider. The vast majority of persons who attempt suicide alter their minds. Paying attention to warning signals of suicidal intent and taking proper action to disperse them is also critical to preventing successful suicide. People who are depressed, abuse substances such as alcohol or illicit drugs, or are experiencing major relationship problems should be considered high risk. There is emerging acknowledgment that the technique of documenting the repeat occurrence influences estimates of repeat self-harm (Chai, Luo, & Yip, 2010). (2020).

Teens having any second thoughts during the process of suicide is called aborted suicide attempt—Potentially self-harming activity with evidence (either explicit or implicit) indicating the individual meant to die but aborted the effort before physical harm was done. These aborted suicide attempts are a new classification of suicidal behavior (Hill, Hatkevich, Kazimi, & Sharp, 2017). The prevalence of aborted suicide attempts in which the essential characteristics such as intent to kill oneself, a change of mind before making an actual suicide attempt, and the absence of physical injury (Rogers, Hom, Dougherty, Gallyer, & Joiner, 2018).

Wong, Kwok, Michel, & Wong (2017) found the early suicide predictors, and the authors researched failed suicide attempts. They described such an attempt as an incident in which a person comes dangerously close to committing suicide but does not finish the act and hence suffers no harm. Aborted attempts were more common in those with borderline personality disorder than in those with other illnesses. Aborted suicide attempts were often reported by mental inpatients, had the same intent as real attempts, and were strongly related to actual attempts. As a result, physicians should specifically question patients about failed suicide attempts as part of the suicide history.

Hill, Hatkevich, Kazimi, & Sharp (2017) examined how the history of interrupted and aborted suicide attempts is valuable when assessing suicide risk. Individuals with an interrupted/aborted suicide attempt and individuals with an actual suicide attempt reported similar levels of suicidal desire; surprisingly, however, there were no significant differences between these groups on levels of

acquired capability for suicide. Further, those with an interrupted/aborted suicide attempt and those with an actual suicide attempt reported comparable levels of several additional suicide risk factors. The individuals reporting a history of an interrupted or aborted suicide attempt without an actual suicide attempt may not significantly differ from those with a history of an actual suicide attempt.

Longing for Someone to Talk

No matter what an adolescent is going through, connecting and communicating with others is the key to living well, especially if struggling with an illness, depression, addiction, the loss of a loved one, or even just loneliness. For this reason, it is important to know what to do and where to look when adolescents need to talk. Trying to stuff feelings, grit one's teeth, and go it alone is never effective. When depressed, an adolescent may feel hopeless and isolated, and it can seem like no one understands. While much emphasis has been paid to explanations for juvenile suicide, little is known about why young people provide for suicidality. The emotions and feelings are there whether teens talk about them or not. They are not going to go away just because you ignore them. The individual makes an effort to talk to another person, and it may release some of the tension and negativity that the teen is experiencing and feel better in the end. These were the statements of the participants when they need someone to express their problems and stress experienced:

“I didn't have someone to talk to, I just keep my problems within me.” (P1)

“Because if I just stay in the house, I have no one to talk to because my mother is also busy. I just keep my problems to myself... because if I'll talk to them, it is obvious that they will just say that those were only challenges in life. I had nobody else to talk to. I told myself that I really need someone to tell my problems, it could be my teacher, just like my classmate who can tell all her problems to her mother.” (P3)

Social support is defined as everything that gives someone the impression that he is cared for and loved, respected, and part of a network of reciprocal duties. Social support is a highly changeable component that may be leveraged to improve current suicide prevention initiatives worldwide. The need to belong entails more than merely knowing other individuals. Instead of gaining acceptance, attention, and support from group members and providing the same attention to other members. This urge is involved in several social phenomena, including self-presentation and social

comparison. This desire to belong to a group may also result in behavior, beliefs, and attitudes as member's attempt to adhere to the group's standards and norms (Harandi, Taghinasab, & Nayeri, 2017).

Finding someone to talk to alleviates emotional pain and serves as a support person to suicidal adolescents. These were the statements of participants 4: "I can't handle my problem, even my brain. I have no one to talk to about my problem. I can't let go of how I feel. Then I felt depressed, so stressed thinking about my problem. I can't share with them because I'm afraid I'll be judged." The urge to belong, also known as belongingness, is a human emotional drive to identify with and be accepted by group members. This may include the desire to belong to a peer group at school, be accepted by peers, be a team member, and be a member of a group (Le Penne, 2017). Sense of belonging is conceptualized as an individual's experience of feeling valued, needed, and accepted by people in his or her social environment. Need for love and belonging provides an essential target for assessment and intervention in the treatment and prevention of suicide

Shamsaei & Haghghi's (2020) notion about suicidality cannot be understood from only one perspective, whether this is the dominant narrative or not: clinicians and policymakers need to remain open-minded about how to attempt survivors might view it their experiences. On the other hand, it is not at all uncommon to hear from those who know the adolescent who has tried to kill himself or who is thinking of killing himself that they were taken by surprise, or that, even though there was trouble in the adolescent's life or the family, nobody, not even the adolescent who had tried to kill himself, believed that this would happen. Some adolescents talked of having felt a longing to achieve a sense of 'peace and nothingness.

This was their way of undoing their state of painful tension. The adolescent may now experience feelings of ugliness, thoughts of being homosexual, various secret pleasures, anal masturbation, the terror of any sexual feelings as confirmation that he does not have the right to go on living (Laufer, 1995).

Finding someone to talk to gives connection, comfort, and understanding and the opportunity to share everyday experiences and avoid loneliness and isolation.

Like most people, may assume that you have no one to talk to, especially if you live far from family, are single, or don't have a best friend. It may be easier to find someone to talk to when adolescents need to know where to look.

Hoping for A Change

Adolescent students must have reached a stage where they believe their capacity for emotional agony outweighs their ability to wait for relief, while also having access to the tools to terminate their lives. Suicide attempters aren't always sure that it's their only option. It's more likely that they've depleted their emotional reserves and can't pursue such choices any longer. In many respects, it is the pinnacle of burnout.

The adolescent student's survival of a suicide attempt does not imply that they are out of the woods. Many people hope that the individual who tried suicide would finally see the light and everything will be fine. Past attempts are the most constant predictor of suicide, therefore, an attempt necessitates more mental health services, additional supports, and consideration of more intensive treatment. This is the start of a long journey.

If I experience another difficulty or problem, especially emotional, I will share it with my friend or my family or my teacher so that they can help me." (P1)

"I will tell my friends so that they will help me." (P2)

Forgiveness of oneself may attenuate the relation between perceived burdensomeness and suicide ideation. Similarly, hope might weaken the association between thwarted belongingness and suicide ideation (Riley, & McLaren, 2019). Likely, The roles specific ruminative styles (brooding and reflection) and hope play in the Integrated Motivational-Volitional model of suicidal behavior (Umpfrey, Sherblom, & Swiatkowski, 2020). A bootstrapped moderated mediation model indicated that defeat directly affected suicide ideation but did not indirectly affect suicide ideation through entrapment.

Brooding, but not reflection, strengthened the relationship between defeat and entrapment. Hope weakened the relationship between entrapment and suicide ideation. Though the participants manifested suicidal ideation and have attempted suicide, in the end, they still want to live and be successful in the future. These were the statements of the participants:

"The best way I can think to forget my problems is going back to church, be good in school because that's what my father wants. He wanted us to study seriously. So that I can show to my father that I am not a failure (sobs), that I am also useful."(P3)

"I'll just cry over the problems, and I will not think so much on it because problems will pass. I would just calm myself then think harder. Don't make a decision right

away. Think many times if a decision is right or wrong.” (P4)

Hope and hopelessness interacted in such a way that the effect of hopelessness on suicide ideation was lower in those with more hope than in those with lower hope, according to Umphrey, Sherblom, and Swiatkowski (2020). Instilling hope in individuals might be a practical approach to suicide prevention. Similarly, Chang, Martos, Sallay, Chang, Wright, Najarian, and Lee (2017) found optimism and hope to be substantial and unique predictors of decreased depressive symptoms and suicide ideation as predictors of suicide risk, specifically, depressed symptoms and suicide ideation. Aside from optimism and hope, the optimism hopes interaction term was discovered to improve the prediction of both depression symptoms and suicidal thoughts considerably. The above statements are consistent with the feelings of the two participants. These were their statements:

The relationship between hope and suicidal ideation has recently been investigated in several different populations. Kwok & Gu, (2019) emphasized that hope is a moderator of the relationship between interpersonal predictors of suicide and suicidal thinking. Moreover, living and hope are the protective factors against suicidality and attempts in patients with depression. Especially hope could reduce the possibility of suicide attempts (Pratt & Foster, 2020). The suicidal person's awareness of wishes, dreams, hopes, and will and their feelings in the aftermath of the suicide attempt seemed to play a crucial role in a suicidal crisis. Personal and professional relationships seem to be crucial in stimulating the desire and hope to go on living.

As an institutional environment where children and adolescents spend most of their waking hours, schools provide an excellent chance to adopt suicide intervention and prevention techniques. Furthermore, schools serve as a forum for teenagers to engage with their peers, which can affect and produce various and distinct psychosocial settings.

CONCLUSION AND RECOMMENDATIONS

Near-fatal suicide attempts were seen in adolescent students. They believed that suicide was a means to relieve emotional sorrow. They wanted to terminate their lives by inflicting agony on themselves to be free of emotional torment. They reconsidered their decision to end their lives that it was a solution to their pains and sufferings. They have sought to speak with someone who changed their decision.

Based on the study's findings and conclusion, and considering the characteristics of adolescents when attempted suicide, it is recommended that schools pay special attention to adolescent suicide attempters and establish a personalized intervention program to prevent suicide attempts in this group. Moreover, schools, particularly the guidance office, may develop online and offline activities to help students who manifest depression and suicidal ideation. Lastly, schools may develop a help-seeking program using e-technology for adolescents with mental health problems. Future studies must investigate additional aspects that may indicate unique solutions for students.

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